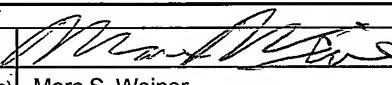


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818):</i>		Complete if Known		
FEE TRANSMITTAL For FY 2009		Application Number	10/594,597-Conf. #6839	
		Filing Date	September 28, 2006	
		First Named Inventor	Kazutaka IKEDA	
		Examiner Name	S. T. Kapushoc	
		Art Unit	1634	
TOTAL AMOUNT OF PAYMENT	(\$)	1,110.00	Attorney Docket No.	0649-1380PUS1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>02-2448</u>		Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) <u>52</u> <u>26</u>							
Each independent claim over 3 (including Reissues) <u>220</u> <u>110</u>							
Multiple dependent claims <u>390</u> <u>195</u>							
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
8 - 20 =		<u>x</u> _____		= _____		Multiple Dependent Claims	
Indep. Claims		Extra Claims		Fee (\$)		Fee (\$)	
1 - 3 =		<u>x</u> _____		= _____		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
_____ - 100 =		/50 =		(round up to a whole number) x		=	_____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> <u>1,110.00</u>							

SUBMITTED BY				Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000
Signature					Date	<u>NOV 16 2009</u>	
Name (Print/Type)	Marc S. Weiner						